

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 026322-002910US | | | | | | | | | | | | | | | | | | |
|--|--------|---|--|-----|------------------|--|-------|------|--|-------|-------|---|--------|-------|--|--------|-------|--|--------|--------|
| FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | | | | | | | | | | | | | | | | | | | |
| Application Number 10/661,400 | | Filed September 12, 2003 | | | | | | | | | | | | | | | | | | |
| For DEVICES AND METHODS FOR IMPROVING VISION | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3774 | | Examiner Paul B. Prebilic | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Fee</th> <th style="width: 40%; text-align: center;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$130</td> <td style="text-align: right;">\$65</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$490</td> <td style="text-align: right;">\$245</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1110</td> <td style="text-align: right;">\$555</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1730</td> <td style="text-align: right;">\$865</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2350</td> <td style="text-align: right;">\$1175</td> </tr> </tbody> </table> | | | | Fee | Small Entity Fee | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 |
| | Fee | Small Entity Fee | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | | | | | | | | | | | | | | | | | | |
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| <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,335</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> | | | | | | | | | | | | | | | | | | | | |
|  <u>John K. Shimmick</u> Signature | | <u>01/16/2009</u> Date | | | | | | | | | | | | | | | | | | |
| <u>John K. Shimmick, Reg. No. 44,335</u> Typed or printed name | | <u>650-326-2400</u> Telephone Number | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> | | | | | | | | | | | | | | | | | | | | |